**Bureau of Health Services Financing**

**RFP # 3000011953**

**Louisiana Medicaid Managed Care Organizations**

**Question and Answer Template**

| **Question Number** | **Document Reference** | **Section Number** | **Section Heading** | **Page Number in Referenced Document** | **Question** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |